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ABSTRACT

This report, based on a survey conducted during the summer and fall of 1986, identifies culturally sensitive training programs for professionals, paraprofessionals, and others who provide mental health services to refugees. An introductory section discusses the language, cultural, racial, experiential, and socioeconomic factors of refugee mental health and the problems of acculturation. After a description of the survey procedures, the two major categories of training programs are discussed: (1) agency-based programs and (2) university- or college-based programs. Agency-based programs are designed for employed or volunteer staff, and include both the "home grown" type, in which the provider agency designs and organizes its own training program, and the contracted type, in which agencies contract for training from a variety of resources, e.g., individual experts, specialized training institutes; continuing education programs; national associations; and governmental organizations. Within the agency-based category are also formal, comprehensive programs which engage the entire provider system and staff and the refugee communities in a single coordinated training effort; one example of such a program is briefly described. Next described is the university and college-based program category which emphasizes academic and professional or vocational development, including pre-service professional training and continuing education. Attached are the summary reports on selected refugee mental health training programs, a selected list of national and regional organizations, a brief concept paper on clinical training for refugee-specific primary care, and a selected bibliography on refugee mental health training. (TE)

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UNIVERSITY OF MINNESOTA

REFUGEE ASSISTANCE PROGRAM - MENTAL HEALTH

TECHNICAL ASSISTANCE CENTER

TASK VI - TRAINING

CULTURALLY SENSITIVE REFUGEE MENTAL HEALTH TRAINING PROGRAMS

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UNIVERSITY OF MINNESOTA
REFUGEE ASSISTANCE PROGRAM - MENTAL HEALTH
TECHNICAL ASSISTANCE CENTER

CULTURALLY SENSITIVE REFUGEE MENTAL HEALTH TRAINING PROGRAMS

INTRODUCTION

A responsibility of the Technical Assistance Center is to identify culturally sensitive training programs for professionals and paraprofessionals who provide mental health services to refugees and for others who are directly or indirectly involved in refugee mental health, and to develop models of training for refugee mental health. This report has been prepared in partial fulfillment of that responsibility.

It is a truism that the quality of an agency's program -- indeed, whether it will even be accessible to and used by its intended clientele -- is very much a function of the kind and quality of its staff. In turn, kind and quality of staff are largely functions of training, whether acquired through formal academic training in an educational institution or through agency-provided training.

For the mental health services in general and for refugee mental health services in particular, the kind of training staff receives is crucial. To work in the field of mental health requires far more than common sense, compassion and good intentions. It requires an understanding of the nature and symptoms of mental illness and the conditions of mental health, a knowledge of the factors that

predispose to mental health problems or that alleviate or prevent them, and skill in diagnosing, treating and preventing mental health problems.

Refugee Mental Health: Language, Cultural, Racial, Experiential, Socio-economic Factors

For refugees, service delivery is further complicated by language, cultural and racial barriers between the refugee and his or her community and the mental health agency and its staff. Although cultural factors normally are considered in mental health diagnosis and treatment, refugees bring unique cultural, socioeconomic and experiential factors to their relationship with the mental health agency and the mental health practitioner.

It has been well established through clinical observation and surveys that, although refugees have displayed remarkable tenacity and resilience through the travails of their migrations, they also exhibit a very high incidence of mental health problems, many severe. These problems often manifest themselves only later in the resettlement process, after such immediate needs as housing and income are managed. Moreover, mental health problems affect the family as a whole and its individual members, for example, children and youth of refugee families.

To be "culturally sensitive," refugee mental health training must take into account the differences between refugees and other immigrants and other resident racial and ethnic minorities. By definition, refugees differ from the usual immigrant in that they have been forced to leave their native countries and usual places of

domicile because of persecution and cannot return because of a fear of persecution. Their pre-migration and migration experiences invariably have been extremely traumatic, further compounding the usual problems of resettlement and adjustment in a foreign country and culture. Many have been separated from family and friends; indeed, many refugees are surviving members of families, factors that contribute to despair, depression and guilt.

The recent refugee immigration differs from past waves of immigration which were predominantly from European and Caucasian countries. Since 1975, over a million refugees have arrived in the U.S. In contrast to earlier refugees and immigrants, the latest refugees are predominantly from nonEuropean and nonCaucasian countries such as the Southeast Asian countries (from which about 75% of the refugees have come), Cuba, Haiti, Ethiopia, and Afghanistan. Thus, most refugees bring with them a non-western language, culture and outlook on life that may include a non-western perception of physical and mental health and of how physical and mental illness are to be treated. Most of the refugees, being nonCaucasian, also become members of racial minority populations and, as such, encounter various forms of racial discrimination, both the blatant and overt prejudices, biases and hatreds of personal racism and the subtle and pervasive forms of institutional racism of policies, systems and practices that perpetuate or exacerbate racial inequality.

There has been a great deal of romanticizing of the refugee experience, particularly by television which, understandably, usually portrays the success story of dramatic achievement against heavy odds. The "first decade of refugee resettlement" was marked by a

sense of compassion, humanitarianism and responsibility toward people who had supported the U.S. in a war effort and who suffered as a consequence. The few instances of reported difficulty, such as the harassment of refugee fishermen in Texas, interracial conflicts between white and refugee youth, and the conflicts between refugee and other minority groups over the limited supply of low cost housing, received little attention and generally suggested a sympathetic attitude toward the refugees.

The reality is less romantic. Refugees are having extreme difficulty in moving into the mainstream of American life. Unemployment rates are high and employment tends to be in the "secondary labor market" characterized by low pay, irregular work and few or no fringe benefits such as paid sick leave and health insurance. Although English language skill is a strong predictor of successful adaptation and adjustment, enrollment in and successful completion of English-as-a-Second-Language classes and acquisition of English show less than promising results because of the fundamental differences between English and most refugee languages, curtailment of ESL classes, the need of refugees to work, and some resistance to language and employment training for fear of jeopardizing welfare eligibility.

A troublesome aspect of the refugee population is the very high welfare dependency rate. The refugee population is a "welfare prone" population made up of young families with large numbers of young children, headed by family heads who lack the language, education, and occupational skills needed in this country. Although refugee resettlement has always emphasized employment and self-sufficiency,

the welfare dependency rate remains stubbornly high. In a sense, perhaps this also can be viewed as a legacy of the refugee experience, the long years many refugees languished in refugee camps before being resettled.

Problems of Acculturation: The Second Decade of Refugee Resettlement

As the U.S. moves into the "second decade of refugee resettlement," refugees, as a group, appear to be merging into and viewed as members of other immigrant groups and racial minority groups despite experiences that set them apart from other immigrants and minorities. There also is evidence that many refugees are becoming part of the low income population that is disproportionately made up of children, racial minorities and the working poor. Associated with low income and race, in fact and public perception, are such indicators of personal and social disorganization as crime and delinquency, family violence, adolescent pregnancy, and family dissolution. Refugee youth are known to be a very high risk group. There also is evidence that refugees are being viewed as part of the "welfare problem." As the federal share of financial responsibility is shifted to the states and as the bulk of refugees become "time expired," the states and localities will have to assume a greater share of the financial burden of refugee resettlement. It could well be that attitudes toward refugees will shift from a view of refugees as deserving people who have suffered and who are having problems adjusting in a new country to a less sympathetic view of refugees as problems.

Thus, the mental health services for refugees, and the training of staff to provide such services, must take into account the socioeconomic reality of refugee life in the U.S. as well as the cultural differences and the problems of adjustment and acculturation. In some respects, the problems of refugees have similarities to the problems of other racial minorities who, also, tend to be of lower income, have more physical and mental problems than do white, middle class Americans, and are unserved, underserved or inappropriately served.

Generalizations across refugee groups must be made cautiously, even across groups from the same general geographical area, despite the tendency to do so since most refugees are from Southeast Asia and all refugees share the common refugee experience of persecution and forced migration. Moreover, once in the U.S., refugees are not only culturally different people, they are acculturating people who are acculturating at vastly different rates, among the different refugee groups, within the groups, and even within families. The conflicts are not simply between the majority society and the refugees. There are conflicts between individual refugees and their own ethnic communities, between men and women, between parent and child, and between husband and wife as the acculturation process takes place in a dynamic society that is itself in a process of rapid social change.

Such cultural change and its consequence are illustrated in the school system. In a Head Start program in which a large number of Southeast Asian children of refugees was enrolled, Head Start staff were impressed by the progress of the refugee children who learned English rapidly and soon became thoroughly "Americanized." Although

Head Start programs emphasize parental involvement, it was observed that parents became involved only with aggressive recruitment, adaptation of the program to be more sensitive to the refugee culture, and use of refugee parents in the program as volunteers and paid staff. Various kinds of intergenerational conflict also were reported by school staff, for example, among adolescent refugee youth. Adolescent girls, in particular, were caught in a bind. Their parents pushed them toward marriage, while they were still "young, pretty and of marriageable age"; the school staff tried to convince the girls to continue in school and postpone marriage and parenthood. At the same time, parental authority is being weakened and role displacement is taking place as refugee youth acculturate more rapidly than their parents.

Most refugee mental health training programs seem to be based on a "cultural differences" model that emphasizes the differences between cultures and attempts to prepare trainees to work "cross-culturally." The cultural differences between the refugee and majority cultures are, of course, real and great. However, given the rapid but uneven rates of acculturation among and within refugee groups and families in a modern industrial society, an alternative "cultural change" model might be considered, one that is premised on the acculturation process: its dimensions and differential impact on refugee groups, families, and individuals. Such a "process" model of training would be more difficult to construct and use in developing curricula and training content but it might be a closer representation of the reality of refugee life in the U.S. since the U.S. is now in the second decade of refugee resettlement, most

refugees have been in the U.S. for a considerable period of time, and most of their children have either lived most of their lives in the U.S. or are American-born.

THE SURVEY OF REFUGEE MENTAL HEALTH TRAINING PROGRAMS

Training-Related Center Activities

The Technical Assistance Center has been engaged in a number of activities that bear on training. The literature has been surveyed and an extensive annotated bibliography that includes items on training has been developed and distributed. Along with the state Refugee Assistance Programs' assessments of refugee mental health needs, the Technical Assistance Center has identified a number of gaps in the refugee mental health delivery system among which is the need to provide training to bilingual professional and paraprofessional staff and to nonrefugee agency staff. A survey is being conducted by the Center to identify refugee and other mental health professionals available for employment or to serve as consultants to refugee-serving programs. Many of these professionals would be competent and available to provide training in refugee mental health. The Center has surveyed a number of successful, culturally sensitive programs of refugee mental health. Since training is related to service, members of the site visit teams examined the training programs of these agencies as well. Very clearly, a major factor in the success of these agencies in reaching and serving the refugee populations was the training provided to their refugee bilingual paraprofessional workers and their nonrefugee professional personnel.

Survey Procedures

This report is based mostly on a survey of training programs that was conducted during the summer and fall of 1986. A tentative reporting format was first developed and, in July, 1986, a letter was sent by the Center to each of the twelve NIMH-funded state refugee mental health programs requesting information on and leads to refugee mental health training programs. Follow-up correspondence and telephone calls were used to develop further leads. When a preliminary list of training programs had been developed, the details on each program were secured through correspondence, telephone interviews and site visits and from such sources as reports, brochures and bulletins, program descriptions, and interviews. This information was then summarized on a reporting format that included such variables as identifying information, auspice, trainees, trainer, format of program, and purpose and content of training.

Thus, the sample is neither systematic nor representative, of either refugee mental health training programs in general or of a particular kind of training. What was sought was a variety of culturally sensitive training programs that range across the spectrum, from short-term, agency-based, in-service training for employed staff to graduate, pre-service, professional training in colleges and universities; and from "home-grown," in-house programs to those provided under contract with specialized institutes, national organizations, or individual experts. The focus of some training programs was very general, for all staff and even for members of the community, including the refugee community. In other

programs, the content might be narrowly focused, for example, to the agency's bilingual, paraprofessional workers or to a particular group of professionals.

The programs chosen for inclusion in this report are neither "state of the art" model programs nor conceptual or normative representations of what could or should be. They are descriptions of existing training programs located primarily through a "reputational" method and judged by the informant and investigator to be sufficiently successful and culturally sensitive as to offer ideas and material to other agencies and staff engaged in refugee mental health training.

The attached summary reports are intended to provide the reader with a general picture of each training program along with such variables as: auspice, kind of trainee, trainers, purpose and content of the training, format of the training program, and source of support. The source of information is given; that is, brochures, reports, bulletins and interviews. Identifying information includes name, address, and telephone number of the contact person so that state mental health or training staff can contact the described program for further information and material and to share ideas, information, and experiences.

THE TRAINING PROGRAMS

Although the training programs examined and described in this report vary greatly, it seemed that they can be classified into two major groups: 1) agency-based programs designed for employed agency

staff or persons closely associated with the agency and with the specific purpose and needs of the agency foremost, and 2) university or college-based programs that emphasize academic and personal professional or vocational development. Most of the programs examined in this survey were agency-based.

AGENCY-BASED TRAINING PROGRAMS

By their very nature, agency-based training programs emphasize training designed to enhance the effectiveness or image of the agency. Training, therefore, is instrumental to that end, whether to meet immediate agency needs and problems or for long-term goals. Who is trained, what knowledge and skill is to be acquired, who is to do the training, the format of the training, and the costs of training are all questions that are measured in terms of benefit to the agency, whether narrowly or broadly conceived. Thus, most refugee-serving mental health agencies have training programs for refugee bilingual personnel whose academic and occupational backgrounds usually have not prepared them for their roles as front-line mental health workers in an American mental health agency. Training for these workers has been a necessity since the supply of bilingual, bicultural, fully trained paraprofessionals was and still is not available. The only viable recourse, if the agency is to serve refugees at all, is to train the available bilingual refugees to quasi-paraprofessional status. At the same time, most agencies have long-range goals and view themselves as part of a broader interest. Accordingly, they will make their programs and staff

available for practica and field experiences for trainees and students from professional schools and universities and colleges. But, for employed staff, the emphasis is invariably agency-specific; it is not focused on individual career or professional development as such.

Agency-based training programs are of two general types: those planned and conducted primarily within the agency by agency staff, and those conducted primarily by outside contractors.

Agency-Based, "Home-Grown" Training Programs

In this approach, the provider agency designs and organizes its own training program, its purpose and content are sharply focused on agency needs, and the training itself is conducted mostly by and for the agency's own staff or constituency.

The training programs of the Community-University Health Care Center (CUHCC), Minneapolis, Minnesota, and the Wilder Social Adjustment Program of the Wilder Foundation, St. Paul, Minnesota, are of this type. Both agencies make use of bilingual refugee paraprofessionals but their training programs differ in purpose, emphasis, content, and format.

CUHCC, a clinic of the University of Minnesota Hospital and Clinic, is a neighborhood-based center that serves a low income, city-wide population. It provides family-centered, comprehensive, primary health care by an interdisciplinary staff. Mental health and social services are an integral part of the primary health care services. The Center provides field instruction, clerkships, and practica for students in the University's professional schools and

related departments, such as medical, dental, social work, nursing, psychology, and sociology.

With the influx of refugees to the Minneapolis area, the Center soon became aware that the refugees were experiencing serious psychosocial problems related to their previous experiences and to the social adjustment problems they faced in their new communities. In keeping with the comprehensive approach to primary health care, the Center developed a specialized unit within its mental health program to provide appropriate treatment. The program is coordinated by a psychiatric nurse with extensive clinical experience in a community mental health center and in mental health practice in refugee camps overseas. Other staff include social workers, a bilingual, bicultural acupuncturist, professional and paraprofessional workers from the major Southeast Asian refugee groups, and a consulting psychiatrist.

The training is planned by the entire staff of the Center and is directed to the entire staff as well as to specific units. The approach is pragmatic and eclectic. Mental health training focuses on the development of clinical skills. Topics include child protection, suicide prevention, psychological testing, racism, homophobia, sexual assault, chemical dependency, and family violence. Special training is offered to the bilingual refugee paraprofessional and professional staff. The method of training is primarily one of case discussion led by an agency mental health professional, which is in addition to regular worker-supervisor conferences. The adult team meets weekly with a consulting psychiatrist when any staff member can present a case for discussion. The children's team meets weekly with

a licensed consulting psychologist for case consultation. Outside local experts are brought in regularly also for special training sessions, for example, on sexual assault and domestic violence.

The Wilder Social Adjustment Program is a specialized "free-standing" program located in St. Paul and Ramsey County in which most of the Hmong population of Minnesota is concentrated. The program is located near a housing project in which a large number of Hmong live. Thus, the program is an integral part of the Hmong community. The director of the program has had many years of experience in refugee work and has been engaged in a number of mental health training projects for refugee workers. Like many refugee mental health programs, the front-line direct service staff is made up mostly of bilingual refugee paraprofessionals backed up by professional social work supervision and psychiatric and psychological consultation. The agency also serves as a training site for professional students and is affiliated with a number of professional schools in the area.

The trainees in this training project include the agency's Hmong paraprofessional workers, Hmong "natural helpers" such as community leaders, church and religious leaders, traditional healers, and clan leaders. The content of training includes mental health and social adjustment skills as well as information about community resources both to enhance the skills of the Hmong workers and to link the Hmong community to the Center's program.

Thus, although the CUHCC and Wilder training programs focus on agency function and needs, they differ in fundamental respects. The CUHCC service program is a traditional primary medical mental health

service that is essentially clinical in nature. Its training program reflects that medical and clinical emphasis. Although both the CUHCC and Wilder programs are directed primarily at the Hmong refugee population, the Wilder training project has attempted to engage the Hmong community in its training program. Thus, its training project represents a planned approach by a community-based mental health agency to integrate the Hmong community's informal support network with the agency's formal treatment program.

CUHCC's refugee mental health program and its training program illustrate the role of a primary health care provider in refugee mental health. Refugee perception of mental health problems and treatment often is one of bizarre behavior leading to institutionalization. Refugee mental health problems often are expressed as somatic complaints. Like many other patients, they may go to a primary health service whereas they would not go to a specialized mental health service. This means, however, that its staff, including its primary health care providers, must be trained in cross-cultural diagnosis and treatment, and specifically in the refugee culture, if the agency is to reach and provide mental health services to refugees. Even with the cross-cultural training of staff, however, many Asians who use CUHCC's mental health program do not use the medical program even though they may and they know it is in the same building.

Both the CUHCC and Wilder training programs are essentially "home grown" in the sense that the training programs were designed by agency staff and the training itself was conducted primarily by agency staff rather than by outside contractors or experts. The

advantage of such training is that it can be closely linked to agency needs and the specific training needs of staff. It can, therefore, be more directly relevant and meaningful to participants. On the other hand, such training content lacks the theoretical and conceptual framework and content of more academic training which necessarily must emphasize general principles of service of general applicability.

A very real strength of agency-based, "home-grown" training is that it can develop skills, especially when closely related to practice, through case discussion led by a professionally-trained staff member who can guide the discussion along general models and principles of professional practice. It has been observed that much of the training has been on refugee cultures and cross-cultural comparisons, largely historical and anthropological. Valuable though such knowledge may be to those who will practice with refugees, eventually mental health training must move to practice skill; that is, of methods and techniques of direct service practice with refugees.

Another strength of agency-based and conducted training lies in the greater probability that supervisory staff will be actively engaged on a continuous basis. A characteristic of mental health services in general and particularly in programs in which paraprofessional staff perform many direct service functions is that supervisory staff carry much of the responsibility for the day-to-day work. The supervisor's role is crucial in refugee mental health programs that employ refugee bilingual paraprofessionals. The supervisory role encompasses a teaching function as well as directing

and helping functions. Thus, it is equally crucial that supervisors play a central role in staff training programs, as both trainees and trainers. Moreover, turnover among refugee bilingual paraprofessionals tends to be high. Inevitably, it is the supervisory staff that carries the major responsibility for the quality and continuity of the services at the direct service level.

On the assumption that the direction of refugee mental health will be toward moving refugee services into "mainstream" systems and agencies, both the CUHCC and Wilder training programs provide lessons as to how that goal might be attained. CUHCC is, in fact, a "mainstream" health service, typical of many community-based primary health care programs. It would seem that its model of a refugee mental health program and the training program that is an integral part of its service program could be directly transferred to other primary health care agencies, especially in view of the fact that its training is essentially "in-house."

Similarly, there seems nothing about the Wilder training program, which is directly tied to the agency's function and goals of also serving a predominantly Hmong refugee population, that could not be replicated by a "mainstream" mental health agency, for example, by a special refugee unit within a larger mainstream organization. These conclusions seem justified when one notes that the training programs were developed and conducted almost entirely by and within the agencies, using mostly staff already on the payroll.

One limitation of agency-based, in-service training is that, however intensive and competent the training, it does little to enhance the individual employee's professional career. It does not

lead to an academic degree or accepted mental health credential. Even when staff are encouraged or enabled to attend university and college classes, it often is done without a degree in mind. Consistently, it is reported from the field that bilingual paraprofessionals are overworked, that they tend to be on call in the community at all hours for all purposes, and that they operate under a great deal of stress that often leads to "burnout." Yet, their jobs are essentially low paid, dead-end jobs unless they can be persuaded and enabled to enter degree programs that hold some promise of careers.

There are, of course, many obstacles to providing these opportunities to refugee paraprofessionals: admission standards, English language requirements, the cost of educational leave, and the refugee's own occupational goals, family and financial situation. Nevertheless, it is argued that mental health agencies that employ refugee bilingual paraprofessionals have at least a moral obligation to encourage such staff to consider their long-range career goals and choices. Moreover, if the long-term goal in refugee mental health is to recruit and train refugees to provide professional mental health services, the most probable source of recruits will be from among the presently employed refugee paraprofessionals.

Agency-Based, Contracted Training Programs

Most refugee-serving mental health agencies contract for some or most of their training from a variety of contractors: individual experts, both American and refugee; specialized training institutes;

university departments; continuing education programs; and national organizations.

The attractions of this approach to training lie in the usual advantages of contracting: the task is turned over to the contractor which eases the burden on a probably already overburdened staff; the contractor is presumed to have the competence to do the training or can mobilize the resources to do the training; particular contractors may have competence in a specialized area of knowledge or skill; agencies can specify a prescribed package and the contractor can be held accountable for its delivery; and the contractor can bring a broader or different perspective to the training than might agency staff.

The Technical Assistance Center's survey of refugee mental health training identified a number of individuals and organizations active in training.

The Individual Expert

There are many individual professionals who are available to provide staff training, although mostly in connection with Southeast Asian refugees and Cubans. Some are refugees themselves; others are American professionals who have extensive experience with Southeast Asian or other refugees. Most are affiliated with organizations active in the refugee mental health field.

An example of an individual expert who conducts training in refugee mental health is Tedla W. Giorgis, Ph.D., a specialist in cross-cultural counseling of Ethiopian refugees, who trains counselors and caseworkers whose clients are Ethiopian refugees. His

training module describes cultural and racial factors that may cause conflict between American counselors and Ethiopian refugees, presents alternative methods to improve the interaction between counselor and refugee, and provides a framework for counseling Ethiopian refugees using culturally sensitive strategies which reflect the subtleties of Ethiopian culture. Giorgis is among the few professionals competent to provide training in this specialized area of refugee mental health.

In some areas of refugee mental health, the use of individual professionals is a virtual necessity because of their expertise in specialized areas of knowledge and skill. There is literally only a handful of psychiatrists, for example, who specialize in the treatment of refugees. In other refugee-related areas of knowledge, trainers are more available, for example, with respect to refugee culture and cultural differences that bear on mental health. And, of course, there are numerous American professionals who can provide training, for example, to refugee bilingual paraprofessionals, on such content as American culture, American institutions, and community health, social service, and mental health programs and on such topics as family violence, intergenerational conflict, racism, and psychological testing.

It is difficult for the provider agency to determine the competence of a prospective trainer except through reputation and his or her affiliation with a recognized service organization or academic institution. Often, provider agencies are not themselves clear and specific as to their staff training needs; they may operate from the premise that any training is better than none, look for an outside

trainer who is reputed to be competent, and then let the trainer prescribe the training package. The result, too often, is a passive reception on the part of the trainees, or training content that is overly general or that in which the trainer is interested or competent.

Institute-Provided Training

Institute-provided training is another common form of staff training, especially in a specialized field such as refugee mental health. In this form of training, the agency contracts with an institute that has developed a reputation and expertise in packaging training programs under contract to mental health agencies or offers training on an enrollment basis.

An example is Spring Institute of Colorado. Spring Institute has developed an expertise in cross-cultural and refugee training and offers a wide variety of workshops, seminars, and courses. Such institutes have on their staff rosters consultants, trainers, and a wide variety of experts from the field and universities upon whom they call for expertise and services.

Training ranges from intensive, extended programs, for example, for bilingual refugee paraprofessionals in a curriculum that resembles a condensed program from a professional school to general training in refugee culture and mental health for employed American staff. The Institute can offer a general training program or can design a special program targeted to the specific needs of a particular agency. There is a wide variety of formats, for example, a one-week intensive training program for an agency's staff; two

one-week modules with agency experience in between the two training periods; or a "training the trainer" program for supervisory and administrative staff who have a training function such as staff development personnel and supervisors.

A more narrowly focused and specialized institute-type of training is that offered by the Office of Transcultural Education and Research of the University of Miami Medical School which focuses on cross-cultural training of health professionals. Training is by the multidisciplinary faculty of the School of Medicine at the University's medical center or on site at the contracting organizations.

The advantages of the institute approach lie in the ability of the institutes to package training programs that can be fitted into the time and other agency constraints, the experience of institute staff in developing training packages for a variety of settings and needs, and the institutes' ability to tap a pool of resources and expertise to do the training. Such features are attractive to the operating agency that is hard-pressed for staff and time and would prefer to hand over the training function to a specialized contractor with an established track record. Or, the agency may be looking for a specific kind of training or expertise that is not available within the agency or the local community.

Such training packages, however, necessarily tend to be general in nature rather than being targeted to the particular agency's characteristics and the training needs of its staff. Seldom is a training needs assessment conducted to ascertain staff problems and training needs so that the training content can be geared to those

expressed needs. The training must usually be compressed into a tight time frame, rather than being extended over a period of time to enable trainees to ruminate about the material, discuss it among colleagues, and make connections to agency service and their own practice. Reinforcement of learning, therefore, is less likely to occur.

One obvious negative consideration of contracting for institute-provided training is the cost that will have to be borne by the trainee or the agency. Thus, despite the attractions of contracting for training with an institute rather than having agency staff do the planning and training with resources and expertise available from within the agency or from the local professional community, the advantages and disadvantages of the two approaches to training need to be carefully weighed in terms of the tasks of the agency, the specific training needs of its staff, and the cost of training.

National Associations and Governmental Organizations

National associations and central government agencies develop training programs for their affiliated agencies or provide training under contract. The American Refugee Committee provided a year-long training program in Illinois mainly for Southeast Asians, but including Eastern European and Middle-Eastern, bilingual health workers and bilingual refugee counselors, to introduce these staffs to the field of mental health. In many instances, the training takes the form of workshops at national or regional conferences such as those of the Catholic, Jewish, and Lutheran Social Services or the

American Public Welfare Association. Associations of cross-cultural mental health professions and social scientists provide a great deal of training such as at conference workshops.

An example of a training program conducted by a central government agency is the Southeast Asian Pilot Interpreter Training Program provided by the Newcomer Services Branch of the Ontario, Canada, Ministry of Citizenship and Culture, in cooperation with the Cambodian, Lao, and Vietnamese associations. The goals of the training project were to provide interpreters with the knowledge and skills needed for them to perform competently in human services settings and to develop a support network that would contribute to their ongoing professional development.

The survey disclosed that much training was being provided by established national associations and organizations, both those whose primary concern is refugees, such as the American Refugee Committee, and the more general services whose programs include refugee services (e.g., the Lutheran, Catholic and Jewish social services). Such national organizations provide much of the leadership in program development. In terms of long-range planning for refugee mental health, it seems likely that these national organizations can be expected to continue their leadership roles. They have the experience and specialized staff and the connections with their state and local affiliates to serve as clearinghouses of information and expertise. Through their regular and special conferences, they are able to offer a variety of training programs for both individual and organizational members. Since these governmental and voluntary organizations are part of the "mainstream" health and social services systems, it is

also more likely that the training will be more systematic and continuing, as part of an institutional function and service to member individuals and agencies.

Two national special interest organizations might be mentioned in this connection: The American Public Welfare Association and the Child Welfare League of America. The APWA's membership consists of individual and organizational members concerned with the broad area of public welfare. Very early in the unaccompanied minors program, the APWA took an active interest in these refugee youth. In most states, the designated refugee "lead agency" is the state department of public welfare or its equivalent which coordinates the refugee programs in the state and through which most federal refugee funds are channeled. The state public welfare department usually is an organizational member of APWA and state and county directors and staff have leadership roles in APWA. The Child Welfare League of America is the interest association for individuals and agencies in the child welfare field and is also an accrediting organization. Both APWA and CWLA are strong lobbyists on behalf of their constituencies and provide service and training to their members. CWLA's role could be especially significant with respect to refugee children and youth.

The workshops conducted by these national associations often offer continuing education credits. For example, through arrangements with Mundelein College, which approved the curriculum of the American Refugee Committee's year-long training program for bilingual workers employed in health and social service agencies,

examinations were given and trainees could earn college continuing education credits.

Formal, Comprehensive Training Programs

A formal, comprehensive approach to refugee mental health training undertakes to engage the entire provider system and staff and the refugee communities in a given locality in a single coordinated training effort. An example of such a program is the Child and Family Service of Hawaii's year-long refugee mental health training project. This training effort included all of the mental health professions -- psychiatry, psychology, social work and nursing -- and the professional and lay members of the several refugee groups in Hawaii. The program and curriculum were formally organized to be presented over a one-year period. The project illustrates one end of a continuum: a comprehensive, ambitious and extensive training program for virtually all engaged in refugee mental health in a given community. Although evaluations were generally positive, it is doubtful that the project could be replicated because of funding requirements, the planning and organizing required, the need for cooperation and coordination among a mix of organizations and individuals, and the need for time commitments by many participants over the one-year period. Moreover, few communities have the geographical closeness and racial intermix that Hawaii does. Such a training program could not hope to provide skill development; rather, it serves to bring all concerned, professional and lay communities together to share interests and concerns. Thus, leaders of the

refugee communities resisted the notion of being trainees. Rather, they viewed themselves as trainers of the nonrefugee professionals.

Contracted Training: General Comments

In general, because of the time and cost constraints of bringing in outside contractors for training, whether individual experts or organizations, training content tends to be general so that all staff can participate, rather than being targeted to the specific needs of particular members of the staff. A common package might include an introduction to the refugee phenomenon, the historical context of refugee immigration, an orientation to refugee cultures, a discussion of cultural differences, problems in cross-cultural diagnosis and treatment, and a litany of horror stories when cross-cultural factors are not considered in treatment of refugees. A definite disadvantage of the use of outside contractors is that they stay only for the specific period of the training -- for the agreed-upon period of the session, workshop or course -- and then depart immediately on completion of the assignment. There is little opportunity for feedback, follow-up or follow-through except as the agency staff itself incorporates these aspects into the training. Unless specified in the contract, teaching material, such as syllabi, teaching cases and reading material, is not left with the agency.

It is interesting that neither agencies nor contractors appear to ascertain the service problems and training needs of staff through systematic needs assessments. Although the views of staff undoubtedly are secured informally, it is suggested that more formal needs assessments, such as through questionnaires, might identify

more clearly the problems being encountered by staff and pinpoint the kind and content of training needed to help staff better cope with their problems. Such formal needs assessments seem particularly useful when contracting for training so that the agency can specify the training content and the contractor can know what the staff's training needs are.

A fundamental limitation of most contracted training is that it is invariably didactic instruction and does not engage the trainee in an experiential situation. In all professional training, closely supervised clinical practice linked to the theoretical didactic instruction is an essential and integral part of the curricula. The most that contracted or extra-agency training programs can provide are simulations such as role playing sessions. Such simulations, however, cannot substitute entirely for hands-on clinical practice training.

Like other agency-based, in-service training, contracted training does little to enhance the employee's professional career because he or she does not earn academic credit toward a degree and, for bilingual refugee paraprofessionals, the prospects for moving into an established career ladder and for advancement and promotion are dim. Although continuing education credits may be earned through some agency-provided training, ordinarily these credits are not recognized in degree programs.

UNIVERSITY AND COLLEGE-BASED TRAINING PROGRAMS

Valuable and necessary though agency-based training may be, the long-range goal in refugee mental health must be the recruitment of

bilingual, bicultural refugees to professional training and the incorporation of cross-cultural content into the curricula of professional training programs. Professional training is a function of degree-granting educational institutions.

With respect to recruitment, state mental health agencies and local refugee-serving agencies are in a strategic position to identify likely candidates from among their employed staff and the local refugee communities. Thus, the primary responsibility for identifying and recommending candidates for the Hahnemann University two-year associate in mental health program, described in this report, lay with the refugee communities.

The Center's survey of refugee mental health training programs identified a number of university or college-based programs which can be classified into two general groups: 1) professional degree programs, as in psychiatry, psychology, social work, and nursing, and 2) continuing education programs. There also are many two-year associate degree programs under the general rubric of "human services" programs such as those commonly offered in community colleges. Although continuing education usually is viewed as training for individuals who have completed their professional training, the continuing education programs examined in detail in the survey also provided training to bilingual paraprofessional employees.

When considering how refugee mental health content can be incorporated into the curricula of professional training programs, a number of characteristics of such curricula that either encourage or constrain that objective have to be kept in mind. Accreditation

standards usually prescribe the length of the program, its basic areas of content, and the degree of flexibility. Thus, the Accreditation Standards of the Council on Social Work Education, which accredits all graduate and undergraduate social work degree programs, prescribe that the MSW program be of two academic years (i.e., four semesters or six quarters) of class and field instruction consisting of a core curriculum, normally completed in the first year, and a concentration, normally completed in the second year. The core curriculum consists of five curriculum areas: social welfare policy and social services, social work practice, human behavior and the social environment, research, and field instruction in an agency in which the student practices under MSW supervision. Following completion of the core curriculum, the student elects a concentration which can be in an area of clinical practice, with field instruction in a clinical setting, or in an area of "indirect" service such as planning, management or community development, with an appropriate "indirect service" field placement. Accreditation standards also require that the curriculum includes content on "ethnic minorities of color and women and should include content on other special population groups relevant to the program's mission or location and, in particular, groups that have consistently been affected by social, economic and legal bias or oppression."

For the MSW program, therefore, the introduction of refugee mental health content into the curriculum is encouraged by accreditation standards and can be accomplished in a number of ways: as a second-year refugee mental health "concentration;" as a course or seminar on refugees; as "modules" that could be incorporated into

any of the curriculum areas of social policy, social work practice, human behavior, or research; and in the field instruction component. The "human behavior" sequence in schools of social work customarily includes a course or seminar on "cultural differences" in which the various cultural, ethnic and racial groups are examined. Thus, content on refugees can readily be incorporated into the cultural differences course as many programs already do.

Although time did not permit a review of the curricula of other professional programs, the opportunities for the introduction of refugee mental health content seem more limited. Thus, in psychiatry or psychology, the usual approach is an elective seminar on cross-cultural diagnosis and treatment in which refugee-specific instruction might be introduced.

In all professional degree programs, some form of supervised clinical experience is required as an integral part of the training. Probably the practicum or clinical practice would be the way most professional trainees would receive their refugee mental health training. Again, however, the kind and duration of such clinical training would vary by profession and by program, from a one or two-year social work placement in a refugee-serving agency to a relatively brief period of a psychiatry resident's rotation. It is significant that virtually all of the agencies visited by the Center's site visit teams provide field instruction or clinical training for professional school trainees. Hence, provider agencies already are heavily engaged in professional training. (In this connection, the Center is surveying agencies and areas in which

students could be placed for training in refugee mental health and will develop a directory of these agencies.)

PRE-SERVICE PROFESSIONAL TRAINING

A "Concentration"

A "concentration" in a professional training program is illustrated in the Howard University School of Social Work's concentration in social work practice with displaced populations. This is a master degree level concentration designed to prepare graduate social work students to work with refugees and other displaced persons. It includes course work, supervised field training experience, and opportunities to conduct research concerning displaced persons. The concentration encompasses cross-cultural perspectives and considers a broad range of opportunities for students to work with individuals, families, groups and communities on a domestic and international level. Although primarily a master's level concentration, the program offers a bachelor's level survey course on displaced populations. Doctoral level courses in policy, research and new forms of interventions directed toward refugees and other displaced persons are being considered.

Cross-cultural training for psychiatry residents is illustrated in the program, Cultural Psychiatry Education during Psychiatric Residency, of the Department of Psychiatry, Baylor College of Medicine. The program is based on the premise that psychiatry is not culture-free and that content on culture should be introduced over the four years of the resident's training in order to achieve greater precision in diagnosis and more effective treatment of psychiatric

problems when cultural differences exist between the patient and the psychiatrist.

Courses with Cross-Cultural Content

A number of cross-cultural courses in the several professional fields were identified: the seminar in social psychiatry at the University of New Mexico; the seminar on cross-cultural psychology at the University of Minnesota; a social welfare course on immigrants and refugees at the University of California, Berkeley; and a course in transcultural nursing at the School of Nursing, Florida International University. Additionally, a number of courses in related fields were identified, as in child development and family social science.

Thus, the extent of refugee-related curriculum content is widespread. However, except possibly for social work in which cross-cultural content is required by accreditation standards, the inclusion of refugee-related content is not at all systematic. It appears to depend on the presence in the community of a substantial number of refugees, availability of grants and, most importantly, the presence on the faculty of an individual or group of individuals who are knowledgeable and interested in refugees.

Associate Degree Programs

Many degree programs, variously called "human services" or "allied health professions" programs, are offered in universities and colleges, including community colleges. They are two-year programs and award an Associate of Arts degree. Some are narrowly focused, as

on alcoholism counseling and treatment or on physical, recreational or occupational therapy. Others are more broadly focused and resemble a two-year associate of arts social work program. All provide opportunities for the introduction of refugee content in either class, field teaching, or both.

A particularly interesting example is the two-year mental health associate degree program for bilingual refugees of Hahnemann University, School of Allied Health Professions, in Philadelphia, Pennsylvania. This program aims to produce technically well-trained paraprofessional mental health staff who can complement mental health professionals in prevention, outreach, diagnosis and treatment of high-risk, culturally different, inner city populations. The focus of training is on practical skills and includes coursework, seminars, practica and supervised field experiences. Although the University is responsible for assessment of English language ability and general academic potential, the area refugee mutual assistance associations have done most of the recruiting for the program. Students are sent to an affiliated college for six weeks of intensive English language training. Thus, the Hahnemann two-year program represents an interesting example of collaboration between a university and the refugee community toward the goal of preparing bilingual, bicultural personnel who, at the completion of their training, will have a recognized academic degree from a well-known university. Moreover, students may complete an additional two years of classroom and clinical training and obtain a B.S. degree.

The strengths of a program such as Hahnemann's are many. It is a formal degree program offered by an accredited educational

institution. It provides instruction by class and field instructors who meet academic standards. At the end of their training, trainees can expect to receive a recognized academic credential that offers some assurance to the employing agency that the recipient has the qualifications to perform at a specified level in specific tasks. The degree is important to the bilingual paraprofessional who is concerned about "credentials." Such a program is a means of upgrading direct service staff and of creating a career line for the refugee bilingual workers. Finally, there are incentives for the trainee to go on to further professional training. Hence, the associate degree programs can be viewed as a means of recruiting refugee bilingual and bicultural individuals into professional training in the mental health professions. Considering the many "human services" and "allied health professions" programs in universities, four-year colleges, and community colleges, the possibilities for moving refugee bilingual individuals into "mainstream" mental health training and subsequent paraprofessional or professional careers are greatly enhanced. This is something that agency-based, in-service training, no matter how intensive and competent, can seldom offer.

Non-Degree Professional Training

Some professional schools do offer non-degree programs in refugee mental health. An example is the demonstration project given for refugee resettlement workers by the Hunter College and Columbia University Schools of Social Work. This project consisted of a combination of workshops and region-wide conferences for bilingual

and bicultural workers from Southeast Asia, the Soviet Union, and Eastern Europe. Training was provided by the faculty of the two schools and mental health experts from the Northeast and Washington, D.C. areas. As a demonstration project, the program would have to be seen as a first step toward developing models and curricula for incorporation into regular degree programs, continuing education programs for professionals, or agency-based, in-service programs for employed staff.

CONTINUING EDUCATION

Although continuing education in the mental health field ordinarily is seen as continuing education for staff who have already completed their professional training, most of the continuing education programs examined in the Center's survey provided a variety of training, to both professionals and paraprofessionals. Continuing education is significant to the refugee mental health field. It is a way of equipping employed professionals with the knowledge and skills to work cross-culturally with refugees and thereby increasing the pool of staff who can provide mental health services to refugees. An important consideration is that all clinical professions require that practitioners keep abreast of developments in their fields and continually upgrade their skills through some form of continuing education. Continuing education programs range from the formal center, such as the centers for continuing education in law and medicine, to the courses, workshops and symposia offered from time to time by continuing education departments of professional schools and programs.

The most formally organized continuing education program in refugee mental health identified in this survey is the Southeast Asian Training Program of the Division of Continuing Education, Boston University School of Social work. This program is a formal unit of the School's Continuing Education Division and has its own director and staff. It has offered training to three general groups of trainees: bicultural paraprofessionals who serve as bridges between refugees and the American health system, students from the refugee community who are interested in advanced (MSW) education and nonAsians who work with refugees. A variety of training formats are offered, ranging from courses and field placements with refugee-serving agencies to workshops and conferences. The program has produced a considerable amount of training material including manuals, reports, papers and course material. Course content ranges from knowledge about problem areas such as child and adolescent problems, role changes, and family violence, to competence in diagnosis and treatment and professional self-awareness.

Normally, continuing education departments grant continuing education credits. Some continuing education and extension programs offer regular university or college courses for regular credits that can be applied toward degree requirements. A distinct strength of university or college-based continuing education is that it also is part of the "mainstream" of the higher education system. The staff are members of the faculty. Their expertise is in planning and conducting continuing education in a variety of formats -- courses, workshops, symposia and colloquia -- on a wide range of subjects for different groups of trainees. Continuing education programs are

particularly responsive to the training needs of local service providers and local communities and they are usually quick to respond to new training needs such as for refugees or staff who serve refugees. They are in a strategic position to recruit qualified instructors from the university or college's faculty or from community agencies. Finally, training conducted through a continuing education department may be a more efficient form of agency in-service training since trainees from several agencies may be accommodated in the same training program at the same time. Not to be overlooked is the cross-fertilization that takes place among those in the field, in continuing education programs, and in regular academic departments and schools. Most continuing education faculties consist of a mix of regular faculty who teach in the degree programs and instructors from community agencies, of whom many also teach in the degree programs. Thus, continuing education programs bring classroom instructors into closer touch with the reality of agency practice and practitioners in touch with the more theoretical and conceptual content of classroom teaching. Course material developed for continuing education programs in refugee mental health are a rich source of course content for the regular degree courses. Thus, although the Boston University School of Social Work's continuing education program in refugee mental health is unusual in its extensiveness and organization, it does illustrate how significant such a program can be. Continuing education departments are closely associated with the staff development units of local and state public agencies and the voluntary agencies. Thus, in any long-range plans for refugee mental health, continuing education

departments can be seen as part of the network of "mainstream" training programs.

CONCLUSIONS

Clearly, training must be a high priority in refugee mental health since there are so few trained professional mental health workers who are equipped to practice cross-culturally with refugees, and the bilingual, bicultural refugees who have been employed by agencies lack the knowledge and skills needed to provide quality mental health services to refugees. The Center's survey of refugee-serving agencies and training programs indicate that all agencies are providing some kind of in-service training to their employed refugee and nonrefugee staff and often to members of the refugee and nonrefugee communities. Some of the programs are extensive and intensive. In fact, it is largely through these training programs that the agencies have been able to reach and serve the refugee communities. An extensive array of training programs is in place, ranging from agency-provided training to university and college-based professional training.

Most of the training programs examined in this survey, however, tend to be general in content, designed to acquaint nonrefugee agency staff with the cultures, needs and problems of refugees or to acquaint refugee bilingual workers and community members with the American culture, agency programs, and community resources. This survey and observations of refugee-serving mental health agencies suggest that services and training might now be more sharply focused on particular refugee groups and particular refugee mental health

problems and, particularly, on the acquisition of practice skills in diagnosis, treatment and prevention of mental health problems of refugees.

The survey suggests that training content has to move beyond the usual orientation to refugee cultures and cultural differences to training for competence in "mental health practice," i.e., in mental health diagnosis and treatment, at various levels and in different fields of practice. The "cultural orientation" kind of training no longer is sufficient for either the American professional or the bilingual refugee paraprofessional.

Much of the training observed is ad hoc, designed to meet immediate agency needs and problems or as expedients. Given the short supply of fully-trained professionals and paraprofessionals, this expediency has been understandable and necessary. However, it is suggested that training now needs to be seen in more long-range terms, just as refugee mental health must be seen in more long-range terms. If the policy direction is to move refugee mental health into the "mainstream" mental health system, so too might refugee mental health training also be seen in "mainstream" terms; that is, as instrumental to the goal of serving refugees through the mainstream mental health agencies.

It has been pointed out in this report that some refugee-serving agencies such as the Community-University Health Care Center are, in fact, mainstream agencies. Mostly through the availability of bilingual refugee workers and its own in-house training program, the agency has been able to reach and serve a large Southeast Asian refugee population. The implication, therefore, is that other

mainstream mental health agencies, which the needs assessments indicate are not now serving many refugees, could, through the employment and training of bilingual refugee paraprofessionals and training of American professional staff, also reach and serve refugees who need mental health services.

Greater use might be made of "mainstream" training institutions. The survey found that a great deal of refugee mental health training is being provided through continuing education departments of universities and colleges. Continuing education departments are integral parts of established educational institutions. Similarly, existing state and local staff development machinery might be utilized more fully. All state and most local mental health and social service agencies have staff development supervisors or units or their equivalents that plan, coordinate and conduct training activities. Although the survey did not show how these staff development units are used in refugee mental health training, apparently they are not as engaged as they might be. In long-range planning terms, it should be kept in mind that these staff development units also are an integral part of the structure of the "mainstream" service delivery system. Staff development units work closely with continuing education departments of local colleges and universities, thus linking the mental health service delivery system with the higher education and professional training system.

Alternative models of service and training have been identified in the survey. For example, the primary health care system has been shown to reach refugees and to provide both medical and mental health services. Primary health care providers -- family practice

physicians, internists, pediatricians, nurse practitioners, and community health nurses -- serve as the first point of contact with refugees in the health care system, screening, diagnosing and treating the physical and mental health problems of the refugees. One model of refugee mental health training would be training directed at primary care practitioners so that they could treat both the biomedical and psychosocial dimensions of refugee health problems. This model is described in the concept paper by Mollica and Thompson, attached. This concept is to "integrate refugee mental health care in the primary care that refugees are already receiving in existing mainstream institutions." Moreover, the proposed training program would be integrated in the mainstream educational system through an affiliation with a university continuing education department.

Finally, in long-range planning terms, the goal clearly is to recruit refugee bilingual, bicultural individuals into full professional training in college and university degree programs. There are already a number of such programs. Only through this route will refugees be able to move into career ladders in mainstream mental health systems.

ATTACHMENTS

Attachment A: Summary reports on selected refugee mental health training programs.

Attachment B: National and Regional Organizations, A Selected Resources List.

Attachment C: Concept Paper, by Richard Mollica and Janice Thompson, Clinical Training for Refugee Specific Primary Care, Final Report, The Integration of Refugee Mental Health Care in Existing Systems, by Janice L. Thompson and Alice Lieberman, Maine State Department of Human Services, November, 1986.

Attachment D: Selected Bibliography - Refugee Mental Health Training.

ATTACHMENT A: Summary Reports on Selected Refugee Mental Health Training Programs.

AGENCY-BASED TRAINING PROGRAMS

Tedla W. Giorgis, Ph.D., Andromeda Mental Health Center: A training program for counselors and caseworkers whose clients are Ethiopian refugees,conducted by an expert on cross-cultural counseling of Ethiopian refugees.

Child and Family Service of Hawaii: A formal, comprehensive training program for refugee service providers, mainstream mental health providers, community leaders, and family life education trainees.

Spring Institute: An institute-sponsored training program providing intensive training in mental health and cross-cultural communication for bilingual, bicultural workers.

Spring Institute: An institute-sponsored workshop for professionals who train bilingual workers for mental health and cross-cultural connections. A "training the trainers" program.

University of Miami, School of Medicine, Office of Transcultural Education and Research: Cross-cultural training for health professions.

American Refugee Committee: Curriculum for a mental health demonstration project in training bilingual workers employed in health and social service agencies.

U.S. Catholic Conference, Lutheran Immigration and Refugee Service, and U.S. Office of Refugee Resettlement: Conference on Unaccompanied Minors.

American Council for Nationalities Services: A national association training program for preventive mental health in the ESL classroom.

Newcomer Services Branch, Ontario Ministry of Citizenship and Culture: Governmental agency interpreter training program for bilingual cultural interpreters.

Amherst H. Wilder Foundation: Provider agency training for refugee service workers and community leaders.

Community-University Health Care Center: Agency sponsored on-the-job in-service training program.

Andromeda Mental Health Center
1823 - 18th N.W.
Washington, D.C. 20009
(202) 387-8926

Contact person: Tedla W. Giorgis, Ph.D.
Director of Clinical Affairs and the Ethiopian Program

Program Title: Cross-cultural counseling of Ethiopian refugees

Trainees: Counselors and Case Workers whose client population is Ethiopian refugees.

The objectives of this training module are to:

1. Describe cultural or social factors that may cause conflict between counselors and Ethiopian refugee clients.
2. Present alternative guidelines to maximize positive interaction between counselor and client.
3. Provide a framework for counseling Ethiopian refugee clients using culturally sensitive strategies which reflect the subtleties of Ethiopian culture.

To realize these objectives, the following sections were discussed in the training course: Ethiopian pride and nationalism, how to create rapport between counselors and Ethiopian clients, traditional male and female roles in Ethiopia and how those roles may be changing as a result of living in the United States, the role that the extended family plays, the issues of race, language, religion, and the attitudes of clients toward authority figures and institutions.

Each of these sections is further subdivided into the impact on client behavior, suggested appropriate counselor responses, common counselor mistakes, and intervention directions. At the end of the article is a suggested reading list.

Reference:
Giorgis TW (1983, September). Cross-cultural Counseling of Ethiopian Refugees. At the Conference on Ethiopian Refugees in the United States. Conference conducted by the Ethiopian Community Development Council, Inc., in cooperation with the Office of Refugee Resettlement, Washington, D.C.

Child and Family Service
200 N. Vineyard Boulevard, Suite 20
Honolulu, Hawaii 96817

Contact person: Eunice Watson
(808) 521-2377

Program Title: Mental Health Training and Technical Assistance

Trainees: Refugee service providers, mainstream mental health providers, community leaders, family life education trainees.

This year-long training program consisted of workshops, seminars, conferences, and on-site consultations with the participants committed to attending between 25 and 46 hours of training. The major areas addressed were: Identification and assessment of mental health needs in refugee populations, communication skills that work with other cultures and different disciplines, and patterns and dynamics of mental health problems.

Trainers included local cultural experts from each ethnic group represented in the refugee population. A post-doctoral fellow in Asian-Pacific culture and mental health at the East-West Center, who has a Ph.D. in Human Development, was the central instructor for the core presentation.

The identification, recruitment, and assessment of participants was a complex and time-consuming task, and the initial arrangements for the participation of psychiatric and cultural experts did not occur as planned. The refugee service providers, however, were easily recruited and took an active part in the training. The mainstream providers were the least receptive.

Content for community leaders and natural helpers included learning:

- To identify and assess mental health needs in the refugee population
- Communication skills that work with other cultures and different disciplines
- To identify the mental health resources in mainstream as well as refugee service providing agencies, MAA's, natural networks, and support groups
- How to use mental health resources appropriately for identified needs
- How to provide appropriate preventive, early intervention and follow-up mental health services.

Content for mainstream service providers included learning:

- To be conscious of the presence of refugees in the community
- To be aware of the cultural as well as war and escape trauma factors that precipitate refugee mental health problems
- To appreciate the similarities and differences between Eastern and Western cultures in relation to work ethic, social class,

mental health attitudes, customs, religion, education, use of language, and non-verbal communication
- The identified needs and resources in the refugee community
- How to increase accessibility and acceptability of services to refugees
- How to increase linkages with community leaders and natural helpers
- How to use interpreters and consultants for refugee clients
- Skills as providers and users of consultation related to mental health services for refugees

All participants learned:
- How to collaborate, exchange information and share service provision that will benefit refugees
- How to plan for refugee needs, using available resources in all three target groups and seeking ways to fill gaps.

Reference:
Child and Family Services Final Report. (1985) Mental Health Training and Technical Assistance. Honolulu, Hawaii: Office of Refugee Resettlement.

Spring Institute
4891 Independence Street, Suite 100
Wheat Ridge, Colorado 80033
(303) 431-4003

Contact person: Myrna Ann Adkins, President

Program Title: Cultural Connections Program - Intensive Training in Mental Health and Cross-Cultural Communication

Trainees: Bilingual/bicultural workers

Spring Institute, a non-profit organization, has, since 1979, been a leader in the field of cross-cultural and mental health training. In addition to the intensive training for bilingual workers, the Institute has offered a residential training session for "trainers of trainers" and is planning a workshop for supervisors of bilingual workers, a program for intensive training of non-bilingual staff, a case management training workshop, and a workshop for ESL teachers and administrators in the area of mental health problem identification, referral, and prevention of mental health and social adjustment problems. The Institute also provides consultation to public and private agencies on matters related to training in cross-cultural communication and mental health.

The purpose of the Spring Institute Intensive Training Program is for bilingual/bicultural workers to develop:

1. The ability to identify people who need mental health services.
2. The skills to provide help to people in crisis.
3. The ability to access mainstream systems for refugee clientele.
4. The knowledge base to provide information and consultation to mainstream systems about refugee and other client groups.

An underlying goal of the training is to enhance administration and coordination between agencies and to remove health barriers in order to promote economic self-sufficiency for refugees.

TRAINING MODULES

- Crisis intervention (rape, suicide)
- Developing multi-lingual/multi-cultural teams
- Identifying the stressors of refugee resettlement
- Communication styles across cultures
- Elements of effective casework
- Diagnosis and assessment
- Role changes, intergenerational issues and family systems intervention
- Adolescent and unaccompanied minor issues
- Dealing with chemical and substance abuse
- Networking with mainstream systems (mental health and other community agencies)

TRAINING METHODS

- Presentations
- Role play
- Group discussion
- Values clarification
- Videotaping/feedback
- Networking
- Small group work

SKILLS

- Interviewing
- Problem analysis
- Supportive counseling techniques
- Establishing problem ownership
- Communicating across cultures
- Referral techniques
- Counseling techniques
- Positive feedback

SCHEDULE/FORMAT

- Two one-week trainings (separated by three to four months)
- Intensive workshops
- Experiential processes
- Living accommodations at training site
- Evening programs and activities
- Informal interaction

Reference:
Announcement from the Spring Institute for International Studies. Cultural Connections Program. Wheat Ridge, Colorado.

Spring Institute

Program Title: A Training of Trainers Workshop

Trainees: Professionals engaged in training of bilingual workers

This workshop, given in November, 1986, was designed for professionals engaged in training bilingual staff. Participants were individuals who were responsible for planning or conducting training programs for bilingual and other staff.

The workshop was designed to train trainers how to teach bilingual staff to be aware of possible mental health problems, to be able to do appropriate counseling, and to know when, how and where to refer clients.

The Intensive Training program was developed and presented over the past several years by the Spring Institute staff. The use of consultants was discussed as well as other models of training for bilingual workers.

Handouts for the workshop participants were helpful as were the resources and time provided for participants to share ideas, concerns and training needs and problems.

The Institute is prepared to offer similar workshops in other locations.

Reference: Brief announcement from Spring Institute and participant observation at the workshop.

Office of Transcultural Education and Research
University of Miami School of Medicine
P.O. Box 016960
Miami, Florida 33101

Contact person: Hazel H. Weidman, Ph.D., Director
(305) 547-5644

Program Title: Cross-Cultural Training for Health Professionals

Trainees: Health Professionals

The University of Miami School of Medicine, through the Office of Transcultural Education and Research, offers cross-cultural training through programs especially tailored for specific groups including health care agencies and international corporations.

Training by the multidisciplinary faculty can be accomplished at the University of Miami-Jackson Memorial Medical Center or at any site requested by the contracting organizations. Arrangements for continuing education credits for the various disciplines can be arranged.

Sample curriculum modules include:

- Culture and self-cultural awareness
- Health care systems: structure, financing, and administration
- Health, disease, and illness in a cultural context
- Culture, epidemiology, and health statistics
- Indigenous health belief systems
- Indigenous health systems in operation
- Intercultural communication
- Cultural issues in health policy and planning
- Aging, culture and health
- Practicum in culturally sensitive diagnosis and treatment.

References:

Brochure from the University of Miami School of Medicine through the Office of Transcultural Education and Research, entitled, "Cross-cultural training for health professionals."

Lefley HP (1984). Cross-cultural training for mental health professionals: Effects on the delivery of services. Hospital and Community Psychiatry, 35(12), 1227-1229.

American Refugee Committee
317 Howard Street
Evanston, Illinois 60202
(312) 328-1620

Contact person: Phyllis J. Handleman, Director

Program Title: Training Curriculum for Mental Health Demonstration Project

Trainees: Bilingual workers employed in health and social service agencies

This course was designed from an academic perspective and was coordinated by a social worker hired for the project. It was taught by an associate staff member of Northwestern University's Family Institute, a Ph.D. in anthropology and family therapist, and several staff members of a community mental health clinic who were psychologists or social workers.

Participants were largely Southeast Asian but included Eastern European and Mid-Eastern refugee workers who were employed in the field but did not have formal academic training in mental health. All participants were in some way responsible in their daily work for determining the mental health needs and problems of clients.

Training extended over a twelve-month period; the group met two full days a month. The social worker coordinator briefed the participants with psycho-social material for about an hour at each session, tying the clinical material to the beginning psycho-social texts that were used. Exams were given, and a type of continuing education credit was awarded through Mundelein College which approved the curriculum.

Content included: Traditional and Western mental health concepts; forms of treatment; overview of the field of psychology and social work; problem identification; mental health resources, including traditional healers and Western mental health professionals; mental health referrals; cultural evolution of families; orientation to family assessment; problem determination; techniques of change; feelings generated in mental health work; evaluation; basic communication and interviewing skills; crisis intervention; alcoholism; family violence; treatment goals for the refugee worker/paraprofessional.

The participants were able to discuss case examples and problems associated with their daily assignments. Their "test-taking" abilities showed marked improvement throughout the year and this, along with the college credit, helped to reinforce the sense of academic achievement.

The ARC-Chicago office has also conducted other training programs on refugee mental health issues.

Reference:
Chicago American Refugee Committee. Training Curriculum for Mental Health Demonstration Project. Evanston, Illinois.

Sponsors: United States Catholic Conference
1250 Broadway
New York, New York 10001
(212) 563-4300

Lutheran Immigration and Refugee Service
360 Park Avenue South
New York, New York 10010
(212) 532-6350

U.S. Office of Refugee Resettlement
Department of Health and Human Services
330 C Street, SW
Washington, D.C. 20201
(202) 245-1867

Program Title: Unaccompanied Minors Resettlement Conference: Toward Emancipation

Trainees: Caseworkers, program administrators, and others engaged in service delivery to unaccompanied minor refugees.

The Unaccompanied Minors Refugee Conference was held March 9-11, 1983, in San Diego, California. The conference theme, "Toward Emancipation," was used to reflect the concern that unaccompanied minors enter American society and adulthood free of public dependency and headed toward productive lives.

The conference was organized around a series of workshops, panel discussions and table discussions:

WORKSHOPS:
- Pre-Emancipation Fantasy/Post Emancipation Reality
- Grief, Mourning, Loss and Survival
- "Letting Go" -- Foster Families, Caseworkers and Emancipation
- "The Invisible Family" -- or Dealing with the Folks Back Home
- Stages of Adjustment and How They Relate to Emancipation

PANEL DISCUSSIONS:
- Models for Independent Living
- Creative Placements
- Career Planning
- Post-Emancipation/Creative Planning

TOPIC TABLES:
- Developing and Using Ethnic Placements
- Facilitating ESL in the Public Schools
- Girls' Adjustment
- The Other Unaccompanied Minor - Breakdown
- Family Reunification/ODP Technical Talk
- Interstate Compact Utilization

The conference proceedings were published and include a detailed description of the workshops, panel and table discussions, the

keynote and luncheon addresses, a list of U.S. Catholic Conference and Lutheran Immigration and Refugee Service participants. The guidebook also provides a list of the Unaccompanied Minor Foster Care Programs in the U.S. that are sponsored by the U.S. Catholic Conference and Lutheran Social Services. The guidebook includes a project evaluation that contains recommendations for future training which can serve as a guide for conducting future workshops on the topic.

Reference:

U.S. Catholic Conference, Lutheran Immigration and Refugee Service, and U.S. Office of Refugee Resettlement (1983). Toward Emancipation. Proceedings of the Unaccompanied Minor Refugee Conference, March 9-11, 1983, San Diego, California.

American Council for Nationalities Service
95 Madison Avenue
New York, New York 10016
(212) 532-5858

Contact person: Michael Paul
International Institute of Rhode Island
421 Elmwood Avenue
Providence, Rhode Island 02907

OR

Mary Ann Bromley, DSW
School of Social Work
Rhode Island College
600 Mt. Pleasant Avenue
Providence, Rhode island 02908
(401) 456-8171

Program Title: Preventive Mental Health in the ESL Classroom: A Training Model

Trainees: ESL teachers

A research and development project was carried out in eight northeastern states. The goals of the project were:

- To train ESL teachers in teaching methods designed to help refugees deal more effectively with stress-provoking experiences and social pressures, both on their own and in groups, through better use of local community resources.

- To improve ESL teacher's knowledge of their appropriate roles and limitations in addressing mental health problems of refugee students. They will learn when, where, and how to refer students exhibiting serious mental and emotional dysfunction to other resources for help.

- To produce a replicable model that can be adapted by other refugee ESL programs throughout the nation.

A series of workshops were held at training sites in five states: Rhode Island, New Jersey, Massachusetts, Connecticut, New York (Albany), and New York City.

In addition to an evaluation, a teacher's manual was written. It was designed to be a practical hands-on guide for ESL teachers on ways to teach students more effective problem-solving techniques and to use available local resources more effectively when addressing specific problems and meeting mental health needs. The manual, Preventive Mental Health in the ESL Classroom: A Handbook for Teachers, is available from the American Council for Nationalities Service.

Reference:

Paul M (Ed.) (1986). Preventive Mental Health in the ESL Classroom: A Handbook for Teachers. American Council for Nationalities Service.

Grover J (1986). Preventive Mental Health in the ESL Classroom: A Training Project (Final Evaluation Report). Prepared for the Office of Refugee Resettlement and American Council for Nationalities Services.

Newcomer Services Branch
Ontario Ministry of Citizenship and Culture
77 Bloor Street West
Toronto, Ontario M7A 2R9

Contact person: Diana Abraham
Coordinator, Newcomer Integration Training

Program Title: The Southeast Asian Pilot Interpreter Training Program

Trainees: Bilingual cultural interpreters

This pilot training program with a focus on the role of the "cultural interpreter" was developed and implemented between November, 1985, and February, 1986, by the Ontario Ministry of Culture and refugee Mutual Assistance Associations.

The goals of this training program were:
- To develop a training program which provides interpreters with skills and knowledge in order to allow them to perform competently and confidently in a variety of human services settings.
- To develop a support network for Southeast Asian interpreters which can contribute to their ongoing professional development.

The objectives of the training program as carried out were:
- To build on the experience and/or enhance the English and interpreting skills of trainees.
- To provide trainees with a basic understanding of health care and social welfare systems, the legal system, and immigration processes in metro Toronto.
- To enhance the personal and interpersonal skills of trainees.
- To develop the cross-cultural communication skills and awareness of trainees.

This report gives a detailed account of the planning, identification of training needs, training program design and organization, selection of training participants, components of the training modules, evaluation and outcomes, recommendations for further training, and a bibliography.

Reference:
Abraham D: (1986, July). Report on the Southeast Asian Pilot Interpreter Training Program. Ontario: Ontario Ministry of Citizenship and Culture.

Refugee Social Adjustment Program
Amherst H. Wilder Foundation
919 LaFond
St. Paul, Minnesota

Contact person: Thomas J. Rogers, Director

Program Title: Mental Health Training for Refugee Service Workers and Community Leaders

Trainees: Hmong non-professional service workers and community leaders ("natural helpers")

This training project which was specifically directed toward the training of Hmong "natural helpers", i.e., community leaders, church/religious leaders, traditional healers, clan leaders, community members, and bilingual service workers was conducted over ten sessions. The training emphasized mental health along with social adjustment skills and issues, and information about community resources in order to:

1. Increase the effectiveness of Hmong community support systems in responding to the mental health and social adjustment needs of members.
2. Gain knowledge about the effectiveness of selected methods of training Hmong "natural helpers" and bilingual service workers.
3. Gain a better understanding of Hmong community support systems.
4. Gain a better understanding of how Hmong community support systems can be supported and linked more productively with the "mainstream" mental health and social service systems.

Some sessions were conducted in or translated into Hmong or Lao in order to maximize participation by participants and presenters. The content of the sessions included: an introduction to basic health concepts and Hmong health; the American social service/welfare and education systems; the family; loss and grief; helping people with emotional and social adjustment problems; the workplace; and leadership and advocacy. An evaluation of this training project was completed and a guide for planning and implementation of such a training program is available.

References:

Robinson B: (1985). Final Evaluation Report of the Community-University Health Care Center (CUHCC) and the Amherst H. Wilder Hmong Community Leader and Helper Training Project. Minnesota Refugee Mental Health/Social Adjustment Demonstration Project.

Rogers T: (1984). A Guide to Planning and Implementing a Social Adjustment Training Program for Refugee Natural Helpers. (Grant #83-PE-MN-51-161) Washington, D.C.: Office of Refugee Resettlement.

Community-University Health Care Center
Health Sciences
2016 - 16th Avenue South
Minneapolis, Minnesota 55404

Contact person: Bonnie Brysky, MSW, Mental Health & Social Services Coordinator

Program Title: In-Service Training

Trainees: Social service, mental health, and refugee service staff

Community-University Health Care Center is a neighborhood-based family-centered comprehensive health and human service agency. It provides primary health care as well as mental health and social services.

The in-service training program is multi-faceted and directed toward the entire staff as well as specific service units. It is planned both by the administrative and supervisory staff as well as by the line staff. There is no staff position that has the assigned major task of planning and carrying out the in-service program. Special funding is at times available to bring in outside experts for a fee. In many instances, outside agency experts provide services without charge.

In general, topics for presentation and discussion are selected as they emerge from the daily clinical practice of the multidisciplinary staff.

Throughout the year, there are two hour, monthly presentations by out-of-agency experts. The programs are planned by two staff members who assume responsibility for the programming for an entire year. Mental health related topics have included child protection, suicide assessment, psychological testing, and anxiety disorders. Films on a wide range of topics including racial differences and the Indian Health Service are shown.

Other sessions planned by administrators and supervisors have targeted racism and homophobia in a two-day conference. A twelve hour continuing series by an outside specialist on productivity in the workplace was planned for the entire staff.

Special programming for the bilingual paraprofessional staff is developed for their special needs. In the past, these have included three sessions, two hours in length, by an outside specialist, on sexual assault; three sessions of two hours in length, by an in-house specialist, on chemical dependency; and two sessions lasting two hours each, by an outside expert and an in-house specialist, on domestic abuse.

The bilingual paraprofessional staff also meet one time per week for one hour for a case discussion that is focused on education. This is led by a mental health professional from the agency and is distinct

from the worker-supervisor conferences scheduled routinely for supervision purposes.

The adult team consists of a core group that meets one time per week with a consulting psychiatrist. Specific cases are discussed. Any staff can present a case for discussion and the meeting is open to the entire staff.

The child team similarly meets with a licensed consulting psychologist once a week for case consultation with the conference open to the entire staff.

Three times per year (for two hours), the entire staff meets for a discussion of house policies and regulations. Much of this has to do with "recording and paper work." A follow-up meeting is held after each session for the bilingual staff to insure their understanding of the details and changes in procedure.

Reference:
Reported by Bonnie Brysky, Mental health and social services Coordinator

UNIVERSITY-BASED TRAINING PROGRAMS

Boston University School of Social Work, Division of Continuing Education, Southeast Asian Training Program: A continuing education program for the training of bilingual, bicultural paraprofessionals and American service providers; the production of training materials; and the provisions of MSW education for students from the refugee community.

Hunter College School of Social Work and Columbia University School of Social Work: University-based mental health intervention training for refugee resettlement workers, bilingual/bicultural workers from Southeast Asia, the Soviet Union, and Eastern European refugee communities.

Columbia University School of Social Work and Hunter College School of Social Work: Social work practice with refugees.

Howard University, School of Social Work: A graduate social work concentration in social work practice with displaced populations including refugees.

Baylor College of Medicine, Department of Psychiatry: Cross-cultural content in pre-service professional training for psychiatry resident.

Hahnemann University, School of Allied Health Professions: Mental Health Associate degree program for bilingual refugees.

Examples of university courses with content on cross-cultural learning: child development, family social science, nursing, psychiatry, psychology, and social work.

Boston University - School of Social Work
Division of Continuing Education
264 Bay Road
Boston, Massachusetts 02215
(617) 353-3756

Contact person: Kay Jones, MSW, Project Coordinator

Program Title: Southeast Asian Training Program

Trainees: Bilingual, bicultural paraprofessionals, American service providers, and MSW students

In 1980, the Southeast Asian Training Center began in response to the growing numbers of refugees in the New England area and the increasing need for training for service providers. The Center addresses the training needs from four perspectives: 1) training for bilingual, bicultural paraprofessionals; 2) training of American service providers; 3) MSW education of students from the refugee community; and 4) production of training materials.

The training program for Southeast Asian paraprofessionals is targeted to those employed in voluntary agencies, public agencies, mental health and hospital settings which serve refugees. More recently, case manager training, mental health aide training and advanced practice in casework and community work for bilingual/ bicultural workers have been developed.

For the bicultural paraprofessionals, the adult education model is employed with the curriculum of the training program defined by the nature of job functions of the students in their agency of employment. These include direct work with individuals and families, advocacy, information and referral, and cultural interpretation of client behavior to mainstream staff. Information on the formal social service structure and regulations of importance to agency-based workers is presented. Much stress is placed on the less explicit need for bilingual workers to learn how to listen and to act when helping clients and how to focus on the accomplishment of specific tasks. How to set limits in relation to demands from the refugee communities is also stressed. In response to agency needs, an intermediate course on Southeast Asian human service workers is offered for those with two years work experience and previous training.

For Western mainstream service providers, the Center offers one and two-day workshops for social workers, teachers, and medical personnel. These workshops include information about the refugee cultures, services of voluntary agencies and mutual assistance organizations working with refugees, policy and procedural changes within agencies to improve services to refugees, and, in addition, programming for the special needs of agencies providing services to refugees. For human service worker professionals supervising bicultural staff, a twenty hour course is offered that focuses on administrative and supervisory functions.

At the MSW level, Boston University has a training grant to provide tuition and stipends for refugee students. In this program, educational supports are provided through faculty advising, language and writing skill assistance, and student group meetings. The students in this program are committed to practice in mental health services upon graduation, as repayment of their grants. Refugee-related practice materials are being developed for inclusion in the overall MSW curriculum.

A manual for supervisors and trainers, A Mutual Challenge -- Training and Learning with the Indochinese in Social Work, has been published and provides an excellent guide for those who would want to establish a similar training program. The manual was the result of an initial program to address the training needs of bilingual Indochinese who were serving as translators when it was realized that translation alone was not sufficient for appropriate assessment of the needs of refugees to provide necessary services.

The 150 pages of the manual include material on: background knowledge for work with Southeast Asian paraprofessionals; the refugee experience; adaptation to a new culture; understanding other cultures; the bicultural paraprofessional' role; adult education and supervision; the adult education model in cross-cultural education and the supervision of bicultural paraprofessionals. The manual concludes with a five chapter section on curriculum materials and training.

Reference:
Lique KH (Ed.) (1982): A Mutual Challenge - Training and Learning with the Indochinese in Social Work. Boston: Boston University, Boston University School of Social Work.

Hunter College School of Social Work
129 East 79th Street
New York, New York 10021
(212) 570-5605
Contact person: Angela Shen Ryan
Project Director
Hunter College School of Social Work
(212) 570-5061

and
Columbia University School of Social Work
McVickar, 622 West 113th Street
New York, New York 10025
(212) 841-5530
Contact person: Diane Drachman
(212) 280-3409

Program Title: Mental Health/Intervention Training for Refugee Resettlement Workers

Trainees: Bilingual/bicultural workers from Southeast Asia, the Soviet Union and Eastern European refugee communities.

A final report of this demonstration project submitted November 15, 1985, provides great detail on the methodology, training content and evaluation of the program which is funded by the Office of Refugee Resettlement.

The objectives of the project were:

- To strengthen the refugee community support system by providing service providers, community leaders, and others with a context in which to receive mental health training.
- To develop mental health training materials which can be used by trainers who are working with Southeast Asian workers.
- To help service providers gain access to information concerning refugee mental health that will aid in the delivery of refugee resettlement services.
- To enhance and strengthen a network of mental health resources for refugees of all groups in the Northeast region.
- To determine which aspects of the program might be applicable to other refugee populations.

The format of the training program was short term and was carried out in workshops and a region-wide conference on training issues. Hunter College was responsible for two series of training for Southeast Asian workers, of which the first was held in New York City and the second in Boston, Massachusetts. Columbia University, a sub-contractor, provided one series of training for the Russian and Eastern European workers in New York City. In addition to Hunter and Columbia faculty, experts in mental health from the Northeast and Washington, D.C., were trainers.

The final report is divided into chapters on the Southeast Asian component and evaluation, and the Eastern European component and evaluation. References are also included.

References:

Department of Health and Human Services, Region I (1985): Mental Health/Crisis Intervention Training for Refugee Resettlement Workers (Hunter College School of Social Work, Contractor; and Columbia University School of Social Work, sub-contractor). Washington, D.C.: Office of Refugee Resettlement.

Columbia University School of Social Work
McVicker, 622 West 113th Street
New York, New York 10025
(212) 280-3409
Contact person: Diane Drachman, DSW, Principal Investigator
and
Hunter College School of Social Work
129 East 79th Street
New York, New York 10021
(212) 570-5061
Contact person: Angela Shen Ryan, DSW, Co-Project Director

Program Title: Social Work Practice with Refugees

Trainees: Students in the graduate social work program

Columbia University and Hunter College received a grant from NIMH in the fall of 1986 to develop curriculum for a refugee-specific training program at the graduate level. This was in response to the widely recognized need for increasing numbers of professionally prepared social workers trained to provide mental health services to refugees.

A semester long course was developed and offered in the spring of 1987 at each of the two Schools of Social Work. It is projected that the course will be added to the elective offerings at both schools.

The course is based on the assumption that practice knowledge with refugee populations is specific and includes an understanding of the departure, transit, and resettlement experiences, i.e., "migration/integration as process." The course is organized around a framework that facilitates an:

- analysis of the political, social and economic conditions prior to migration
- understanding of the transit experience and the relation of those experiences to resettlement
- analysis of resettlement in the United States
- analysis of the relation between developmental life stages and the refugee experiences
- analysis of refugee specific helping approaches and implications for direct and indirect practice.

An important aspect of the course was the inclusion of guest lecturers, themselves social work professionals from the refugee communities, engaged in providing services to their own refugee groups. Practice materials were developed which reflect issues related to different views on health, mental health, help-seeking behavior, entitlement, support services, traditional healing systems and their implications for Western clinical practice, program development and the delivery of culturally appropriate services.

In addition to the incorporation of refugee content into the curricula of graduate social work education, the training grant should enhance the development of new knowledge about different

refugee groups, and increase and improve the mental health services to refugees.

A concerted effort is underway toward the development of additional curriculum materials to support the academic and field work training. Case materials, anecdotal experiences, and clinical insights gained from practitioners are being sought.

A newsletter related to the project has been developed and a one-day national conference, "Refugee Mental Health: Reflections and Directions," was planned. Both activities were carried out as a means of informing the social work community of a model for enhancing social work training programs.

References:

Newsletter from Columbia University and Hunter College Schools of Social Work, entitled, "Refugees and Social Work Practice." Vol 1, No. 1, 1987.

Reports from Diane Drachman and Angela Shen Ryan, Project Directors

Howard University
School of Social Work
Washington, D.C. 20059
(202) 636-7300

Contact person: Fariyal Ross-Sheriff, Ph.D., Coordinator

Program Title: Social Work with Displaced Populations

Trainees: Masters level students working with refugees and displaced persons.

This practice concentration within Social Work includes course work, supervised field training experiences, and opportunities to conduct research concerning displaced populations. It addresses the critical needs of uprooted populations at the international and domestic levels. The concentration encompasses cross-cultural perspectives, opportunities for dealing with issues including hunger and poverty, unequal resource allocation, refugee problems and social development. It considers a broad range of social problems and opportunities for social work interventions including practice with individuals, families, groups, and communities. It also addresses administrative, planning and social policy strategies.

Two specialized courses are offered in consecutive semesters:

1. The first course provides a framework for understanding and analyzing problems, issues, and the social work practice implications related to displaced populations. Socio-cultural, political and economic factors related to these populations are examined.
2. The second course provides an in-depth analysis of social policies, programs and intervention strategies used by a wide variety of service providers, institutions and self-help groups. Social policy issues related to discrimination, availability of services, the legal status, and the treatment of displaced populations are examined. A critical analysis of governmental and voluntary programs is presented, and social work interventions, concepts, and practices are studied.

The program is primarily for a master's level concentration for students committed to careers in working with refugees and displaced persons but a bachelor's level survey course is also offered. Continuing education courses are available for individuals already working in the area who have no formal training or preparation. Doctoral level courses in policy, research and new forms of intervention directed to refugees and displaced persons are being considered.

Reference:

Ross-Sheriff F (1986, fall): Social Work with Displaced Populations. Howard University, School of Social Work.

Department of Psychiatry
Baylor College of Medicine
Houston, Texas 77030
Contact person: H. Steven Moffic, M.D.
Associate Professor of Psychiatry

Program Title: Cultural Psychiatry Education during Psychiatric Residency

Trainees: Psychiatric residents

This cross-cultural training program was developed with the idea that training should occur over a four year residency span but with the provision that it could be adapted for some residents in a one or two year program.

It is based on the premise that psychiatry is not culture-free and that specific training on culture needs to be included in residency training. It is suggested that this training can be done without extra funding by having instructors focus on development of the cultural identity of each resident during the first two years and by a continuing focus in the remainder of the residency on the cultural aspects of the usual clinical experience.

The objectives of the program include:

- The correction of myths and misconceptions regarding cultural stereotypes
- Greater diagnostic precision and accuracy by enabling the clinician to distinguish between symptoms and signs that are manifestations of psychiatric problems versus those that represent sociocultural differences between the belief systems of the patient and the psychiatrist.
- A greater degree of compliance with treatment recommendations when patients and families believe that their own beliefs are respected and adapted as part of the treatment process.

Reference:

Moffic HS, Kendrick EA, Reid K, & Lomax JW (in press): Cultural Psychiatry Education During Psychiatric Residency. Journal of Psychiatric Education.

Hahnemann University, School of Allied Health Professions
Broad and Vine
Philadelphia, Pennsylvania 19102-1192

Contact person: Joseph R. Casey, Associate Director
Mental Health Associate Degree Program
(215) 448-8121
and Yang Sam, Executive Director
Southeast Asian Mutual Assistance Associations
Coalition, Inc.
4039 Walnut Street
Philadelphia, Pennsylvania 19104
(215) 823-5485

Program Title: Mental Health Associate Degree Program

Trainees: Bilingual refugees selected by their respective communities

The Hahnemann Mental Health Associate Degree program is designed to fill a personnel shortage in the mental health field by producing technically well-trained people who can complement mental health and human service agency staff in preventive programming and community outreach to high risk populations. The program focuses on inner city populations, i.e., culturally different and lower socioeconomic groups, as well as being centered on children and family issues. One of the goals of the program is to train people who will have practical skills and awareness of clinical realities, and who can appreciate community needs and understand the language of the community. The student is trained to be consumer oriented rather than entrenched in the medical "disease" model.

The two year program include courses, practicum assignments, supervised field experiences, and mental health seminars. The curriculum is designed to integrate a basic foundation in liberal arts subject areas with mental health related courses. There is a heavy emphasis on psychology and sociology, with courses in the practice and modalities of therapeutic and preventive intervention. Placements in mental health and human service settings are supervised by an interdisciplinary staff.

Students may complete an additional two years of academic and clinical work to obtain a B.S. degree.

The Southeast Asian Mutual Assistance Associations Coalition has recruited refugees to work as paraprofessionals in their Mental Health Project and has tied in to Hahnemann University for training in the AA program. The University has responsibility for assessment of English and general ability for success in the program. Candidates are sent to Saint Joseph's University for six weeks of intensive English training. The students are expected to spend twenty hours per week working at the Refugee Mental Health Program. Financial support for the trainees is provided by the University's

provision of free tuition, and their employment at the Coalition's Mental Health Project.

References:

Brochure entitled, "Mental Health Technology Associate Degree Program." Hahnemann University. Philadelphia: School of Allied Health Professions.

Brochure entitled, "Mental Health Technology Program." Hahnemann University. Philadelphia: School of Allied Health Professions.

Burger SO: Work Plan and Policy and Planning Abstracts. Department of Public Welfare. Harrisburg: Office of Policy Planning and Evaluation.

Southeast Asian Mutual Assistance Coalition, Inc. (1986, October): The Organization of Southeast Asian Mental Health in Philadelphia. Refugee Consultation Conference. Philadelphia, Pennsylvania.

EXAMPLES OF UNIVERSITY COURSES RELATED TO CROSS-CULTURAL LEARNING

The following University course descriptions are summarized from their respective course outlines:

Child Development

Cross-cultural Child Development by June Lovin Tapp, Ph.D., Institute of Child Development, University of Minnesota, fall, 1986.

This course uses an interdisciplinary approach to present a cross-cultural survey of research and theories of child development around the world. Weekly topic lectures include an overview of the discipline; biological, cognitive, and social development; a special focus on the Mexican and Hmong populations in the Twin Cities and Minnesota; research and policy for children world-wide; ethical guidelines; moral and legal development; learning and schooling; and child/caretaker interactions. This is an undergraduate course.

Family Social Sciences

Family in World Perspective by Paul Rosenblatt, Ph.D., College of Home Economics, University of Minnesota, spring, 1986.

This course compares kinship, marriage, family organization, and the family life cycle, and discusses differences in family functioning across cultures. It also compares the institution of the family with other economic, political and religious institutions as well as studies the role and adaptation of the family to urbanization and industrialization. The course encourages students to become aware of and understand family systems different from their own and to study their own ethnocentrism. This is a graduate course.

Nursing

Transcultural Issues and the Nurse by Shirley Belock, R.N., Ed.D., and Donna Safian-Rush, R.N., M.S.N., School of Nursing, Florida International University, fall, 1986.

The purpose of this course is to broaden the student's understanding of health and illness and to study the way in which these terms are used and understood by members of various ethnic groups. The course also brings together students and people from different ethnic groups into a direct dialogue. Topics include the delivery of health care in the U.S., poverty and its impact on health care, faith and healing, and the effect of culture on the perception of health and illness. This is an undergraduate course.

A detailed handbook for the course, written by Donna Safian-Rush, provides behavioral objectives, content, learning activities, and some case studies for the following cultures: Hispanic, Haitian, Black American, Asian-American, Native American/Indian, Philippine, Jewish, and White Ethnic. The handbook also includes a transcultural nursing bibliography.

Refugee Training Program Yields Bi-Cultural LVNs (1985). California Nurse, 81(5), 8-9.

This training program included students from five countries, encompassing eleven language groups. The vocational nursing program was conducted in California, Twenty-three students completed the course.

Psychiatry

Social, Community, and Cultural Psychiatry by Drs. Jose M. Canive and Joan D. Koss, Department of Psychiatry, University of New Mexico, Albuquerque, winter semester, 1985.

This seminar examines systems and approaches to social psychiatry using the following themes: psychiatry as an agent of social control, family pathology and the etiology of mental illness, social aspects of institutionalization, psychiatric epidemiology (methodology, early studies, second generation studies, life stress). It also considers culture and psychopathology. The course also discusses issues pertaining to some of the Indians of the Southwest and to Hispanics - some of the symptom patterns, utilization of services, traditional treatments, and adaptation of mental health care delivery to these populations in the U.S.

A third part of the seminar concentrates on community mental health. The basis philosophy and services of the Community Mental Health Center Act are discussed, models for intervention and prevention are considered, and the issues of the chronically mentally ill are reviewed. The final classes discuss the role of the healers -- who they are and the role of rituals and symbols in the healing process. This is a graduate course.

Psychology

Cross-Cultural Psychology by Dr. James Butcher, Ph.D. Other instructors included Ms. Lee Anna Clark, June Tapp, Ph.D., and Joseph Westermeyer, M.D., M.P.H., Ph.D.

This course focuses on current issues in cross-cultural psychology. Discussion topics include: an overview of problems in refugee service provision, historical perspectives, ethical issues surrounding cross-cultural research, methodological problems, psychiatric epidemiological studies, survey methods, and family and social dynamics.

One session each week focuses on clinical issues such as assessment or studying personality issues cross-culturally, the psychological assessment of refugees working through translators, and cross-cultural treatment. This is a graduate course.

Social Work

Immigrants and Refugees in the United States: Social Policies and Clinical Concerns, by J. Donald Cohon, Jr., Ph.D., School of Social Welfare, University of California, Berkeley, spring, 1986.

This Social Welfare course provides students with an overview of immigration policy in the U.S. and examines theories of migration. It also looks at assimilation and adaptation of migrant groups with a discussion of clinical implications. Weekly lecture and discussion topics include global population movements, immigration to the U.S., undocumented migrants, uprooting as a sociocultural phenomenon, models of acculturation, individual thought and biases in perception, responses to migration, and interventions with Asians and Southeast Asians. The course is designed for students interested in working with refugees and immigrants.

ATTACHMENT B: NATIONAL AND REGIONAL ORGANIZATIONS -- SELECTED RESOURCES LIST

American Council for Nationalities Service
95 Madison Avenue
New York, New York 10016

Center for Applied Linguistics
Refugee Service Center
1118 - 22nd Street NW
Washington, D.C. 20037
(202) 429-9292

Church World Service
475 Riverside Drive, Room 656
New York, New York 10115
(212) 870-3153

The Ethiopian Community Development Council, Inc.
3213 Columbia Pike, Suite 101
Arlington, Virginia 22204
(703) 685-0510

Indochina Resource Action Center
1118 Twenty-Second Street NW, Suite 300
Washington, D.C. 20037
(202) 223-8866

International Institute of San Francisco
2209 Van Ness Avenue
San Francisco, California 94109
(415) 673-1720

International Society for Intercultural Education, Training, and Research (SIETAR International)
1505 Twenty-Second Street NW
Washington, D.C. 20037
(202) 296-4710

Lutheran Council in the U.S.A.
Department of Immigration and Refugee Services
Lutheran Center
360 Park Avenue South
New York, New York 10010
(212) 532-6350

Office of Refugee Resettlement
Department of Health and Human Services
330 C Street SW
Washington, D.C. 20201
(202) 245-1867

Pacific/Asian American Mental Health Research Center
1033 West Van Buren Street
Chicago, Illinois 60607
(312) 996-2600

Refugee Materials Center
U.S. Department of Education
Mr. James "Bud" Tumy
10220 North Executive Hills Boulevard
Kansas City, Missouri 64153
(816) 891-7972

Refugee Policy Group
1424 - 16th Street, NW, Suite 401
Washington, D.C. 20036
(202) 387-3015

Southeast Asian Refugee Studies Project
330 Humphrey Center
301 - 19th Avenue South
University of Minnesota
Minneapolis, Minnesota 55455
(612) 625-5535

United States Catholic Conference
Migration and Refugee Services
1312 Massachusetts Avenue NW
Washington, D.C. 20005-4105
(202) 659-6630

United States Committee for Refugees
815 Fifteenth Street NW, Suite 610
Washington, D.C. 20005
(202) 667-0782

ATTACHMENT C: CONCEPT PAPER -- CLINICAL TRAINING FOR REFUGEE SPECIFIC PRIMARY CARE

Note: This concept paper, by Richard Mollica, M.D., Director, Indochinese Psychiatry Center, Brighton-Marine Public Health Center, Boston, and Janice L. Thompson, Ph.D., Human Services Development Institute, University of Southern Maine, Portland, is excerpted from THE INTEGRATION OF REFUGEE MENTAL HEALTH CARE IN EXISTING SYSTEMS, Final Report, by Janice L. Thompson and Alice Lieberman, Maine State Department of Human Services, November, 1986.

CONCEPT PAPER
CLINICAL TRAINING FOR REFUGEE-SPECIFIC PRIMARY CARE

Concept/Focus: This alternative approach to refugee mental health would prepare primary care providers to screen, diagnose, and treat refugee-specific mental health problems. Primary care providers are those health care professionals who function as the first point of contact for patients within the health care system. Here the focus is on preparing primary care physicians (e.g., family practice, internal medicine, pediatrics) and nurses (e.g., nurse practitioners, community health nurses) to screen, diagnose and treat both the biomedical and psychosocial dimensions of refugee health problems. The concept then is to integrate refugee mental health care into the primary care that refugees are already receiving in existing mainstream institutions.

Need/Problem: Findings from a previously funded statewide mental health needs assessment in Maine indicate that, in the opinion of key informants, refugees are experiencing significant psychosocial problems related to their previous experience as victims of war and trauma and their ongoing experiences of adjustment in this society. These problems include family violence, substance abuse, depression, isolation of the elderly and institutional racism. There is consensus among key informants that, although these problems are serious and in many cases severe, there are no adequate resources to which refugees may be referred for appropriate, effective treatment. There is also consensus among key informants that the separation of mental health from health care in general is inappropriate for this population. Psychosocial and psychiatric problems are viewed as being best treated in an integrated, holistic approach to refugee health. Since controversy exists over the development of specialized mental health services for refugees, since recent policy initiatives suggest a preference for mainstreaming refugee health care, and since a strictly psychiatric approach to refugee mental health seems inappropriate, we suggest that primary care providers working in existing institutions might be trained to provide comprehensive, holistic refugee health care.

Approach: The suggested approach to this problem would be to train primary care providers on site in institutions that serve as a major source of access to primary care for the refugee population. We envision an initial concentrated training period, possibly two or

three days a week, for one or two weeks, on site in clinic settings where refugees are seen. The focus here would be to train primary care providers to use developed protocols to screen, diagnose and treat refugees for specific mental health problems as part of the total plan of care for refugee patients. After this initial phase of on site clinical training, a second scheduled on-site visit would follow some months later, to review participants' clinical experience with refugees, giving them the opportunity to evaluate their clinical practice with refugees and consult trainers for additional learning. There probably would be a need to develop mechanisms for interim consultation between those two site visits, for example, telephone consultation with trainers or local refugee medical rounds to review specific cases.

Training Participants: Those who would be targeted for this training include physicians and residents in the following medical specialties: family practice, pediatrics, obstetrics-gynecology, and internal medicine. Providers from psychiatry would also be invited to participate as a way to build institutional expertise when referral is needed. Due to the composition of the medical community in Maine, we would also include osteopathic physicians as participants in the training. Additionally, we would include nurses in this training, since many refugees are seen on an ongoing basis by nurses in various extended roles. These would include adult, family, pediatric, and psychiatric nurse practitioners or clinical nurse specialists as well as community health nurses. Psychiatric social workers who function in clinical settings as mental health specialists would also be invited to participate.

Location: We envision a concentrated area of training with providers who work with the refugee population in the greater Portland, Maine, area. This probably would be a group of not more than fifteen people who have been identified through the mental health needs assessment project. Those involved in training would include providers in the regional medical center and two other community hospitals where refugees are most frequently seen. This geographical area is an important location to begin the training since the largest concentration of refugees in Maine reside in the greater Portland area. We feel that this kind of clinical training for a small group of primary care providers would prepare a small but critical mass of providers who could then function as trainers themselves for providers in other areas of the state.

Trainers: The concept of clinical training for primary care providers has developed from collaborative work between Richard Mollica and the IPC staff in Boston, and Janice Thompson, a faculty member from the School of Nursing at the University of Southern Maine. Dr. Mollica and the IPC staff have expressed a willingness to work with Dr. Thompson on curriculum development and on-site clinical training in Maine. Other resources include the Division of Continuing Education for Health Professions from the University of Southern Maine. This is a vehicle for awarding continuing education credit to health care professionals who might participate in training.

ATTACHMENT D: SELECTED BIBLIOGRAPHY

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Johnson SD (1982). The Minnesota Multiethnic Counselor Education Curriculum: The Design and Evaluation of an Intervention For Cross Cultural Counselor Training. Unpublished doctoral dissertation, University of Minnesota, Minneapolis.

Please see following page for a listing of films and videotapes concerning the Southeast Asian community available from University Film and Video (University of Minnesota).

BECOMING AMERICAN $42.00
SE1S1882 color 59 min.
After living for six years amidst the hardships of a refugee camp in northern Thailand, a Hmong family from highland Laos, informed of their acceptance as immigrants to the United States, begin preparations for a long and arduous journey to an alien world. "Becoming American" follows that family on their odyssey to a new home in America and records their intense culture shock as they resettle. Within nine months, members of a preliterate tribe are in the process of "Becoming American." (Restricted: Available for non-profit groups (except governmental agencies or school) and churches within the state of Minnesota.) sca (Levine (Ken)/New Day Films) c1982

BETWEEN TWO WORLDS: THE HMONG SHAMAN IN AMERICA $11.50
1/2" VHS
SE7S2207 color 28 min.
Captures rare and dramatic footage of Hmong shaman in a trance, Hmong buying and sacrificing a cow in rural Illinois, and SUNDS --a mysterious illness wherein young men die in their sleep for no apparent reason. Documents a people caught between a culture which they have been forced to leave behind, and a culture into which they have been propelled. jsca (Siegel Productions/Siegel Productions) c1985

THE COMMON THREAD $15.00
3/4" U-MATIC
SE7S1919 color 28 min.
Documentary celebrates the needle craft, customs and culture of the Hmong, a tribal people from the mountains of Laos who are among Toledo's newest residents. ijsca (WGTE-TV/WGTE-TV) c1981

THE CUTTING EDGE: PORTRAITS OF SOUTHEAST ASIAN ADOLESCENTS IN TRANSITION $15.00
1/2" VHS
SE7S2214 color 29 min.
Intimate portraits of three S.E. Asian adolescent refugees, a Hmong shaman's son, a Vietnamese Buddhist monk who attends high school and a Laotian classical musician. Authentic music, instruments, costumes, rituals, and festivals are woven into the background. The three describe the survival of their respective cultures in a modern American setting. jsca (Mann (Judith)/Mann (Judith)) c1983

FOOTNOTES TO A WAR $12.00
SE5S1929 color 15 min.
Since 1975 more than one million people have fled their homes in Southeast Asia, crowding into refugee camps in neighboring countries. In 1979 United Nations Secretary-General Kurt Waldheim appealed to the world to "try to reverse the course of this tragedy." Since then more than half a million people have been resettled. From the overcrowded camps to the difficulties of resettlement, the film focuses on the human side of the tragedy, through the eyes of three refugees: a former soldier turned medic, a child and a young woman. While the woman and child have found new homes, respectively, in Canada and the Federal Republic of Germany, the medic is left behind along with 200,000 other refugees who remain in the camps: waiting and hoping. sca (United Nations/Metro-Goldwyn-Mayer) c1980

GREAT BRANCHES, NEW ROOTS: THE HMONG FAMILY $27.00
SE9S2011 color 42 min.
A film on the Hmong refugees that conveys their concept of family, its structure and its role in their survival in the American city. jsca (Hmong Film Project/Hmong Film Project) c1983

HOUSE OF THE SPIRIT: PERSPECTIVES ON CAMBODIAN HEALTH CARE $12.00
1/2" VHS
SE9D0812 color 42 min.
Examines the Cambodian perceptions of health and well being, and those natural and supernatural forces held responsible for illness and mental disorder. A Cambodian midwife, a shaman, an herbalist, and a Buddhist monk explain the Cambodian world view, and the health practices used by the Cambodian people for centuries. Explores many of the tensions and misunderstandings faced by western health practitioners when treating Cambodian patients who are unfamiliar with western procedures and treatments. ijsca (American Friends Service Committee/American Friends Service Committee) c1985

MIAO YEAR $28.00
SE1S1847 color 61 min.
An intimate look into the life of the Miao community in the forested hills of northern Thailand. Unusually varied scenes include a ritual involving a pig sacrifice, a medium in a trance, the many phases of poppy growing, and trading in a Chinese boutique. sca (/CRM/McGraw-Hill Films) c1971

NO MAN'S LAND: KAMPUCHEA $16.50
1/2" VHS
SERIES: WORLD IN ACTION
SE7S2180 color 26 min.
This film recapitulates the tragic events in Kampuchea (Cambodia) as a result of the Vietnam War. Its focus is on the 1/4 million refugees now massed on the border between Thailand and Kampuchea. They have become pawns between vying political factions, the Vietnamese-controlled government in Phnom Penh and the remnants of the Khmer Rouge. Ironically, the West, which had once been horrified at the excesses of the Khmer Rouge under Pol Pot, is now supporting this faction as an alternative to the Vietnamese backed government. Aid from the U.N. meant for refugees is being diverted to Khmer Rouge guerillas. This film has rare footage and testimony from the troubled border outposts. sca (Granada Television International/Filmakers Library, Incorporated) c1983

NO MORE MOUNTAINS: THE STORY OF THE HMONG $23.00
3/4" U-MATIC
SERIES: WORLD
SE1S1854 color 60 min.
This nomadic tribe lived in the mountains of Laos and were forced to leave their home after the American intervention in Vietnam. The documentary focuses on four generations of one Hmong family--the Yangs, now together in Santa Ana, California --and their difficult adjustment to western life. Only a generation ago, such a modern existence was unimaginable for the Hmong people; a generation from now, the Hmong may have totally forfeited their cultural identity, along with their mountains. sca (WGBH-TV/Novacom) c1981

OVERTURE: LINH FROM VIETNAM $20.50
SERIES: LEARNING TO BE HUMAN
SE7S1904 color 26 min.
Young Linh Tran and her family have settled into their first real house since emigrating from Vietnam. Their neighbors are the Aguilars, a Mexican-American family. Linh and Jose Aguilar become friends when they discover their mutual interest and talent in playing the flute. Their friendship is threatened, however, when Linh wins the spot in the school band that Jose had been counting on. The resentment and distrust of the community towards the Vietnamese add a further strain to the relationship. After Linh's flute is stolen, the friendship falls apart. When Linh and Jose realize what has happened, the beauty of a shared relationship is caught in the music each plays in tribute to the other. jsca (Sperber (Elaine)/Coronet/MTI Film & Video) c1980

THE SURVIVAL OF SONTHEARY SOU $12.50
1/2" VHS
SE152076 color 53 min.
The personal story of one Cambodian refugee's experiences in Southeast Asia, after the fall of Phnom Penh, and in America as she struggles to establish a new home and fit into a new culture. sca (Daniel Barnett Company/Daniel Barnett Company) c1984

THE WAY OF THE WILLOW $26.00
SE7S2018 color 29 min.
The film is a dramatization of the problems faced by a family of Vietnamese Boat People as they first settle in Canada. The Tran family, sponsored by a Montreal church group, first experience the impersonal, and at times frightening red tape of the reception center. The family's struggles to fit into their new culture are followed through a crisis with their young son. It is in the closing scene that we learn of the mother's former occupation as a piano teacher. This establishes a place for her in the new country, and a method of communication with those who want to be her friends. jsca (Catalyst Productions/ Beacon Films) c1982

You will note a code at the end of each film description such as "pijsca." This represents our suggested audience viewing level: p-primary, i-intermediate, j-junior high, s-senior high, c-college, a-adult.

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In addition to the fils listed above, the following two films have been order to preview:

Peace Has Not Been Made: A Case History of a Hmong Familiy's Encounter with a Hospital. (This is a videotape available in VHS, 25 minutes).

Journey to Laos- (A video made in 1986, 45 minutes).